KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
**Form must be Typed**
**Form must be completed on a per well basis**

# ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

***Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.***

OPERATOR: License # 33922
Name: Mustang Energy Corporation
Address 1: PO BOX 1121
Address 2:
City: HAYS State: KS Zip: 67601 + 1121
Contact Person: Rod Brin
Phone: ( 785 ) 623-0533
Lease Name: M R ALLEN
Well Number: 4

API No.: 15-051-02289-00-01
Permit No: D25581.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - SE - NW - SW Sec. 22 Twp. 11 S. R. 19 ☐ E ☑ W
*(Q/Q/Q/Q)*
1649 feet from ☐ N / ☑ S Line of Section
4421 feet from ☑ E / ☐ W Line of Section
County: Ellis

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: ____ mg/l Specific Gravity: ____ Additives: ____
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: ____ *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 60140 | | | | 31 |
| February | 54460 | | | | 28 |
| March | 60150 | | | | 31 |
| April | 58400 | | | | 30 |
| May | 60150 | | | | 31 |
| June | 58400 | | | | 30 |
| July | 60150 | | | | 31 |
| August | 60150 | | | | 31 |
| September | 58400 | | | | 30 |
| October | 60200 | | | | 31 |
| November | 58350 | | | | 30 |
| December | 60200 | | | | 31 |
| ***TOTAL*** | 709150 | | 0 | | |

Submitted Electronically